



**DAPHNE SHIPMAN
BENEVOLENT FUND**

Veterinary Nursing Benevolent Fund

82 Greenway Business Centre, Harlow Business Park, Harlow, Essex CM19 5QE

APPLICATION FOR ASSISTANCE

Strictly private and confidential

Please note that applicants must be a current BVNA member. Please detail your membership number _____

Full Name

Address

Postcode

Tel. No.

Date of Birth

Next of Kin name & tel. no.

Occupation

Marital Status

| DEPENDANTS: | NAMES | DATE OF BIRTH | OCCUPATION OR SCHOOL ATTENDED |
|--------------------|--------------|----------------------|--------------------------------------|
| a) CHILDREN | | | |
| | | | |
| | | | |
| b) ADULTS | | | |
| | | | |
| | | | |

Please provide details of two referees (*preferably members of the veterinary nursing profession, but not essential*).

1. Name _____
Address _____

2. Name _____
Address _____

SECTION A - CAPITAL RESOURCES

Are you a Veterinary Nurse or dependent of a Veterinary Nurse? YES NO

Please include your own resources and those of your spouse/partner

(1) Property

| Do you own a house/flat? | YES/NO | <u>OR</u> Do you live in rented accommodation? | YES/NO |
|---------------------------------|--------|--|--------|
| If YES: | | If YES: | |
| Give approximate value | | Are you the tenant? | YES/NO |
| Property | £ | Council owned | YES/NO |
| Contents | £ | Housing Association | YES/NO |
| Date of Purchase | | Family | YES/NO |
| Amount of Mortgage(s) | £ | | |
| Remaining length of mortgage(s) | | | |
| Name of Lender | | | |
| In whose name is your property? | | | |

(2) Savings - List how much money you (and, if appropriate, your spouse/partner) have in:

| | Applicant | Spouse/Partner | For Office Use Only |
|---|-----------|----------------|---------------------|
| <u>Banks</u> | | | |
| Current Accounts | | | |
| Deposit Accounts | | | |
| Building Society Accounts | | | |
| National Savings Bank | | | |
| National Savings Certificates | | | |
| Bonds | | | |
| Premium Bonds | | | |
| Other money, resources or capital including property or other investments | | | |

(3) If you and your spouse/partner have any stocks and shares, please give details (use extra sheet if necessary)

| COMPANY | NO. AND TYPE OF SHARES | APPROXIMATE VALUE |
|---------|------------------------|-------------------|
| | | |
| | | |
| | | |

(4) Any other sources of income/capital

(5) If you have any Life assurance or endowment policies, please give details (including date of maturity)

(6) Funds held in Trust

(7) Do you own a car? If so, please give details including make, model and year

(8) Have you received any money or financial assistance, e.g. legacies or by direct payment of bills from friends, relatives or others within the past two years or since you last completed a financial statement?
If YES, please give details

SECTION B - INCOME

State whether payments are weekly, four-weekly, monthly, quarterly or yearly (please note, payments from the DSS are normally paid on a weekly or four-weekly basis)

| | £ | PERIOD | FOR OFFICE USE ONLY |
|---|---|--------|------------------------|
| Salary (state whether net or gross) | | | |
| NHS Pension | | | |
| Occupational Pension | | | |
| State Pension | | | |
| Other Payments by Department of Social Security: PLEASE LIST ALL PAYMENTS AND STATE CATEGORY | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Interest Received (Please give all income from savings listed in Section A (2), (3) and (4)) | | | |
| | | | |
| | | | |
| | | | |
| Spouse's/Partner's Income (Itemise - salary, benefits and income from all sources) | | | |
| | | | |
| | | | |
| Contributions by friends and family | | | |
| Rent Received (include payments made by family or others for board and lodging) | | | |
| Insurance | | | |
| Charitable Grants | | | |
| Any other sources of income (please give details) | | | |
| | | | |
| | | | |
| | | | |
| TOTAL (PLEASE LEAVE BLANK) | | | |

SECTION C - EXPENDITURE

(Please state whether payments are weekly, four-weekly, monthly, quarterly or yearly)

| | £ | PERIOD | FOR OFFICE USE ONLY |
|--|---|--------|------------------------|
| Income Tax | | | |
| Mortgage | | | |
| Rent | | | |
| Council Tax | | | |
| Water Rates | | | |
| Electricity | | | |
| Gas | | | |
| Other Fuel | | | |
| Food and Household | | | |
| Nursing or Residential Home Fees | | | |
| Insurance - Personal, e.g. Life, Endowment, etc | | | |
| - House and Contents | | | |
| - Practice | | | |
| TV Hire and Licence | | | |
| Telephone | | | |
| Clothing | | | |
| Domestic Help | | | |
| Travelling - Motor Vehicle (Tax, Insurance, Repairs, Petrol) | | | |
| - Other travelling costs | | | |
| Repayments (please give details of total debts in Section D) | | | |
| - Loans | | | |
| - Hire Purchase | | | |
| - Credit Cards | | | |
| - Other | | | |
| Other Expenditure (give details) | | | |
| | | | |
| | | | |
| | | | |
| TOTAL (PLEASE LEAVE BLANK) | | | |

SECTION D - LIABILITIES

Please enter the details relating to the amounts shown under heading "Repayments" in Section C (including those of spouse/partner). Mortgage repayments should not be included under this heading.

| Name of Bank, Finance Co, Building Soc., Credit Co., Inland Revenue, etc | Purpose of Loan (Car, Home Improvement, Clothes, etc) | Date of Original Loan/Debt | Amount of Original Loan £ | Balance Outstanding £ | Monthly Repayment £ | Payments Overdue £ |
|--|---|----------------------------|------------------------------|--------------------------|------------------------|-----------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Any other debts outstanding _____

Credit cards, store account cards, etc. held in addition to those mentioned above

For Veterinary Nurses Only

Please give details of any outstanding liabilities in connection with any business for which you are responsible (including income tax) and indicate the extent of your personal responsibility

SECTION E - OTHER HELP

Are you receiving or have you applied for assistance from any other charity? YES NO

If yes please detail below:

Other Charities (please give names) _____

Income Support _____

Housing Benefit _____

Attendance Allowance _____

Have you checked with your local Department of Social Security Office or Citizens' Advice Bureau that you are receiving all the benefits to which you are entitled? YES NO

Address and telephone number of local DSS office

I DECLARE that the information given is complete and accurate. I authorise the Veterinary Nursing Benevolent Fund to seek confirmation from my Bank, Building Society, the Department of Social Security or the Local Authority. **I UNDERTAKE** to inform the Fund of any subsequent change in my financial circumstances as soon as it occurs.

Signed _____

Dated _____

NOTE: You may be required to produce details of your bank accounts, etc. and other documentary evidence in support of information given.

FOR OFFICE USE ONLY

Case No _____

Application form received _____

| |
|---------------------|
| <p>Notes</p> |
|---------------------|

| | | |
|---------------------------------|--------------|-------|
| | £ | |
| Assets | (A) | _____ |
| Income | (I) | _____ |
| Expenditure | (E) | _____ |
| Current Available Income | (CAI) | _____ |

CONSIDERED BY EXECUTIVE COMMITTEE

| Date | Result |
|-------|--------|
| | |
| | |
| | |
| | |

CONSIDERED BY COUNCIL

| Date | Result |
|-------|--------|
| | |
| | |
| | |
| | |